

EMT-Paramedic Application

The National Registry
of Emergency
Medical Technicians

I am submitting this application to test at

in

Name of Facility

City

on

State

Date (MM/DD/YY)

Office Use Only

P

Date Received

Fee Number

Written Exam Date

Application Date

Social Security Number

Have you ever applied for NREMT-P Registration? ☐ Yes ☐ No

Please list your current NREMT-B or NREMT-I number. If you do not possess current National Registration, please list your current state EMT certification number

Current EMT Number

Please attach copy of card

Last Name

First Name

MI

Mailing Address

Program Code

City

State

Zip Code + 4

Gender

☐ Male☐ Female

Date of Birth

Primary Occupation

Employed by

APPROVED EMT-P COURSE: Applicant must have completed an approved EMT-P Training Program that equals or exceeds the objectives of the National Standard EMT-P Curriculum. Attach a copy of your course completion certificate or a copy of your current EMT-P card. If your initial EMT-P training program is more than two years old and you hold current state certification as an EMT-P, you must document completion of 48 hours of approved EMT-P refresher training within the past two years and attach official documentation to this application.

Name of initial training institution or agency

Street Address

City

State

Zip Code

Classroom Hours

Clinical Hours

Field Internship Hours

Course Completion Date

Refresher Completion Date

Physician Director

Instructor/Course Coordinator

What is the highest level of education you have completed?

- ☐ Didn't complete high school
☐ High school graduate/GED
☐ Associate's degree
☐ Bachelor's degree
☐ Graduate degree

Please indicate the type of EMT-P service you are or will be affiliated with. (mark all that apply)

- ☐ Fire Department ☐ U.S. Government
☐ Private ☐ Army
☐ Hospital-Based ☐ Navy
☐ 3rd-Service ☐ Air Force
☐ Volunteer ☐ Coast Guard
☐ Other

Will you be paid for your services as an EMT-P?

- ☐ Yes
☐ No
☐ Not yet affiliated

Ethnic Origin

- ☐ Native American
☐ Asian
☐ Black
☐ Hispanic
☐ White
☐ Other

Felony Statement☐ Yes ☐ No Have you ever been convicted of a felony☐ Yes ☐ No Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?

If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case

Candidate Statement and Signature: I hereby affirm and declare that the above information on this application is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent revocation. I further agree to abide by all policies and procedures of the National Registry of EMTs, and hereby authorize the NREMT to release my examination scores to the teaching institution/agency, any state office of Emergency Medical Services, or any agency authorizing the legal right to practice. I further permit the NREMT to release my current status (registered or not registered) with the NREMT to the public 30 days following mailing of my test scores.

Applicant Signature**Physician Statement and Signature:** As Medical Director of Paramedic

Operations, I hereby affirm and declare that _____ is in good standing within our system or educational program and that he/she has completed an approved EMT-Paramedic training program that equals or exceeds the behavioral objectives of the National Standard EMT-Paramedic Curriculum

Physician Name (Print or Type)**Physician Signature****License # and Issuing State**

CPR Credential

As the candidate's CPR instructor/training officer, I hereby verify the candidate has been examined and performed satisfactorily so as to be deemed competent in each of the following skills:

Adult 1 & 2 Rescuer CPR
Adult Obstructed Airway Maneuvers
Child CPR
Child Obstructed Airway Maneuvers
Infant CPR
Infant Obstructed Airway Maneuvers

Verifying Signature _____

Date _____

CPR Expiration Date

- -

Please submit a copy of your current CPR card and/or ensure the appropriate verification signatures are affixed to this section of the application

Statement of Competency in EMT-Basic Skills

As the EMT-Paramedic Training Program Director or service director of training/operations, I verify that _____ has been examined and performed satisfactorily so as to be deemed competent in each of the following skills: (Candidate's Name)

Spinal Immobilization (Seated Patient)

Spinal Immobilization (Supine Patient)

Bleeding Control/Shock Management

Signature: _____ Date: _____

Name (Please Print) _____

Title (Please Print) _____ Telephone # _____

National Registry EMT-Paramedic Application Information

Entry Requirements:

1. Current National registration or state certification at the EMT-Basic level at a minimum.
2. Current CPR credential verifying competence in the skills listed in the "CPR Credential" section of this application.
3. Successful completion of a state-approved EMT-Paramedic training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Paramedic National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation.
4. If the candidate's initial paramedic training completion date is beyond 24 months and the candidate has maintained state certification as an EMT-P, the candidate must document completion of 48 hours of approved paramedic refresher training that meets all objectives of the current EMT-Paramedic National Standard Refresher curriculum. Program completion date can be no older than 24 months from the date of testing.
5. Submission of a completed application attesting the above requirements as well as all other published entry requirements of the National Registry of EMTs. The official application must be signed by the Physician Medical Director of Training/Operations, attesting to the candidate's good standing within the educational program or service and that he/she has completed the requisite education. Competency in EMT-Basic skills must also be verified by the EMT-Paramedic Training Program Director or service director of training/operations. **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
6. Submission of the appropriate fee. Registration fee for first time candidates is \$35.00. This fee will increase to \$50.00 effective January 1, 2002. All re-attempts of the examination will require the submission of a \$35.00 registration fee. This fee will increase to \$50.00 effective January 1, 2002. All fees should be submitted in the form of a money order or certified bank check. Personal checks will not be accepted.
7. Successful completion of the National Registry EMT-Paramedic written and practical examinations.

Checklist for Submitting an Application for the National Registry EMT-Paramedic Examination Process:

1. Have you, your physician medical director, and your training director or service director of training/operations signed the application? **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
2. Have you affixed a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the "CPR Credential" section of this application?
3. Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Paramedic training which meets or exceeds the behavioral objectives of the EMT-Paramedic National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation?
4. Have you attached a copy of a current state or National EMT-B card at a minimum? If you currently possess state certification as an EMT-Paramedic, a copy of your current EMT-P card may be attached in lieu of submission of any other state card.
5. Have you filled in all of the information requested on the application, including the felony statement?
6. Have you attached a certified bank check or money order in the appropriate amount to this application? All attempts of the written examination require submission of a \$35.00 certified bank check or money order. The fee will increase to \$50.00 effective January 1, 2002.
7. Have you made reservations with the examination coordinator of this test site by the scheduled deadline? **Reservations must be made at least three (3) weeks in advance of the examination.**
8. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
9. Send application to: National Registry of Emergency Medical Technicians, PO Box 29233, Columbus, Ohio 43229.
10. For more information please visit our homepage at <http://www.nremt.org> or contact us via telephone at (614)888-4484.

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.

Serial #

4 7 6 6 1 2